

Understanding Your Health Insurance

Terms to Know

- **Premium:** The price you pay every month to your health insurance company. This is the monthly bill for your health plan.
- **Deductible:** The amount of money you pay before your insurance plan will start to pay for most health care services covered by the plan.
- **Copay:** Short for copayment, this is a fixed amount you pay for health care services covered by your plan.
- **Coinsurance:** A type of out-of-pocket cost where you pay a percentage of the total price for a covered health care service and your insurer pays the rest.
- **Out-of-Pocket Costs:** Costs you pay when you see the doctor or get health care services. These include deductibles, coinsurance and copays for covered services plus all costs for services that are not covered.

What is a Provider Network?

A provider network is a specific set of doctors, other health care providers and hospitals that your health plan covers. Providers your plan covers are called network providers or in-network providers. Providers not covered by your health plan are called out-of-network providers. **You should always try to find in-network providers when seeking care because out-of-network providers may cost more.** To find out if your doctor is in your network, visit your health plan's website. You can also call your insurer or doctor's office to find out.

Choosing a Plan

Health Maintenance Organization (HMO)	Point of Service (POS)	Preferred Provider Organization (PPO)
<ul style="list-style-type: none"> You may have lower out-of-pocket costs than other plans. Generally will not pay for out-of-network services, or have limited out-of-network coverage, except in emergency situations. You will need to pick a regular doctor, called a Primary Care Provider (PCP). You may need your PCP to refer you to see other doctors in your network, like in-network specialists. 	<ul style="list-style-type: none"> Have higher out-of-pocket costs than HMO plans but lower out-of-pocket costs than PPO plans. Give you the option of going out-of-network for services, but you will usually have to pay more. Similar to an HMO, you will need to pick a regular doctor, called a Primary Care Provider (PCP), to help monitor your health care; however, you may not have to get permission before visiting other doctors in your plan's network, like in-network specialists. 	<ul style="list-style-type: none"> Usually have higher out-of-pocket costs than other plans. Your insurance company will pay a portion of your out-of-network costs. This means you will have more freedom to choose doctors and hospitals regardless of network, but risk paying more for services provided out-of-network. You usually do not have to pick a regular doctor, called a Primary Care Provider (PCP), or get referrals to see specialists.